

3139 Christy Way South
Saginaw, MI. 48603
PHONE: 989-799-9390 FAX: 989-799-3711



Order Date M

Bill To: **2697**

State Of Wisconsin PSC

Patient Information

Ship To:

Public Service Commission

Fiscal Staff 608-267-7709
4822 Madison Yards Way
Madison, WI 53705

Name

Employee # Dept Phone #
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To Complete the Prescription Safety Glasses order form, please circle one or more items in each section below.

Section 1 - Lens Material (Circle one material)				Section 6 - Frame Options (Circle Frame Style)				Self Pay
Glass	Basic Impact Only	03		Frame Group 1				Included
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83	
Polycarbonate	High Impact	1		Frame Group 2				Included
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				A2000	70F	SC900	SC901	

Section 2 - Lens Style (Circle one style)				Plastic/Glass	Poly
Plano	Plastic, Glass or Poly		Included	Included	
Single Vision	Plastic, Glass or Poly		Included	Included	
Bifocals	Round, D25, D28, D35		Included	Included	
Trifocals	7X25, 7X28, 8X35		Included	Included	
Double Segment	Plastic		Included	NA	
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	Included	Included	
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	Included	Included	
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	Included	Included	
Progressive- Digital 1	Plastic or Poly		Included	Included	
Progressive- Digital 2	Plastic or Poly		Included	Included	
Progressive- Varilux Comfort	Plastic or Poly		Included	Included	

Section 3 - Lens Coatings (Circle all required)				Self Pay
Tints	Solid	Gradient	1000	Included
Tint Color	Rose	Green	Gray	
Tint Level	1	2	3	
Anti-Reflective Coating			4101	Included
Super Anti-Reflective Coating			4102	Included

Section 4 - Lens Options (Circle option)				Self Pay
Transitions				Included
Photo Chromatic Lens (Glass Only)				Included
Polarized				Included

Section 5 - Frame Options (Circle option requested)				Self Pay
Permanent Side Shields			61-69	Included
Detachable Side Shields			51-59	Included
Silicon Nose Pads			2023-N	Included
Side Shields are required for all employees. Circle the style picked.				

Frame Group 3				OG013	OG014			Included
ZT100	F6000	FC704	FC705					
Frame Group 4								Included
DX670	D490	Classic 3	PC269					
Frame Group 5				7012	7013	7014		Included
7700	7702	Alpha	Beta	Gamma				
OG071	OG091	OG093	WF678	WF679				
Frame Group 6				7005	7006	7007	7402	Included
	DP620	DP720		DP820				
FC707	FC709			VL-9				
Frame Group 7				7008	7009	7015		Included
Steel 300	Steel 400	ZT200	OG101	DP610				
Frame Group 8								Included
SWO9R	6005							
Frame Group 9				7000	7001	7002	Rebel	Included
TRX	Urban-6		SW04	TR307S				
Frame Group 10								Included
EXT2	EXT5	OG076	OG099					
Frame Group 11								Included
	EXT10	EXT13	EXT14					
	OG109	OG110						

NOTES: Selection of items not on the order form are not allowed. Only items included in the contract will be supplied at contract prices.

Eye Size	Bridge Size	Frame Color

RX Prescription Information							IMPORTANT: Must have PD for ALL Rx's				Seg. Height for ALL multifocals	
Sphere	Cylinder	Axis	Prism	Base			Add	Dist PD	Near PD		Seg Height	
Right OD												
Left OS												

Special Instructions: Lenses Only [] RX Provider Signature: RX Date:
Readers [] Frame Only [] RX Provider Phone: RX Expiration:

Purchase Authorized By	
Signature	Date